

Nerve Agents in Children: Guidelines

Symptoms	Triage Level: Disposition	Atropine Correct hypoxia before IV use (risk of torsades, Vfib)	Pralidoxime	Diazepam May use other benzodiazepines (e.g. midazolam)
Asymptomatic	Delayed: Observe	None	None	None
Miosis, mild rhinorrhea	Delayed: Admit or Observe prn	None	None	None
Miosis and any other symptom	Immediate -Moderate: Admit	0.05 mg/kg IV or IM <ul style="list-style-type: none"> repeat as needed q5-10 minutes until respiratory status improves 	25-50 mg/kg IV or IM, may repeat q 1 hour. <ul style="list-style-type: none"> Watch for: ⇒ muscle rigidity ⇒ laryngospasm, ⇒ tachycardia 	For any neurologic effect: <ul style="list-style-type: none"> 30 days to 5 years – 0.05 to 0.3 mg/kg IV to a max of 5mg/dose. 5 years and older– 0.05 to 0.3 mg/kg IV to a max of 10 mg/dose. May repeat q15-30 minutes
Apnea, Convulsions, Cardiopulmonary Arrest	Immediate - Severe: Admit intensive care status	0.05-0.1 mg/kg IV, IM, per ETT <ul style="list-style-type: none"> no maximum repeat q5-10 minutes as above 	25-50 mg/kg IV or IM as above	See above

Consider other supportive agents as indicated: Oxygen, Bronchodilators, Analgesics, Mydriatics, Environmental protection

